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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 NONE *DR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE *DR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>DR</i>	INITIALS <i>DR</i>		

Verified and  
Acknowledged

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TITLE  
 Extreme ultraviolet mask with molybdenum phase shifter

FILING FEE  RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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